
General Information

A Pest Control Dealer (PCD) License is required of any person, manufacturer, distributor, or retailer who engages in: (1) selling pesticides for agricultural use; (2) selling any method or device for the control of agricultural pests, such as biological agents, lures, or insect-trapping devices; (3) soliciting sales of pesticides by making agricultural use recommendations through field representatives or other agents; or (4) selling a pesticide classified as a restricted material that requires either a permit for possession and use or which may be used only by or under the direct supervision of a certified applicator.

The Department of Pesticide Regulation (DPR) has established time periods for processing permit applications, in compliance with Government Code Sections 15374-15378. Failure to comply with these time periods may be appealed to the Secretary for Environmental Protection, California Environmental Protection Agency, 1001 I Street, Sacramento, California 95814-2828, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 306. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.

Completing the Application

- A. Application Type.** Check the appropriate box(es) in this section. If you are making any other type of change not described in this section (i.e., change the business' qualified person), check the "Other" box and specify the type of change.
- B. Applicant Information.** Complete all information requested in this section. If you are changing your business name, enter your former business name in section "C". If there is a change in business name, address, or qualified person, you must immediately notify the Director in writing (no fee required).
- C. Former Business Name.** Enter your former business name in this section, if applicable.
- D. Business Officers or Owners.** List the name, title, and mailing address of each of your business' officers and/or owners. Use an additional sheet of paper if necessary. If there is a change in the business ownership or organization, the Director must be notified immediately in writing. A new application fee must be submitted for this change.
- E. Branch Locations.** Complete this section if your business has, or is adding, a branch location. Each principal and branch office licensed as a pest control dealer must have a qualified person possessing a valid license or certificate in order to engage in the business of a pest control dealer from that location. The qualified person is responsible for supervising all pest control operations performed by the business location.

Enter the business location address for each branch location and the name of the qualified person(s), type of license/certificate number, and the license/certificate expiration date. Use an additional sheet of paper if necessary. If there is a change in the qualified person for the business, the Director must be notified immediately in writing (no fee required).

F. Pest Control Dealer Business Type. Indicate the type of pest control work your business performs by checking the appropriate box(es).

- In subsection 2, if your business is a corporation, you must submit a current copy of the "Certificate of Good Standing" with your application. This certificate can be obtained for \$6.00 by writing to: Secretary of State, Attention: Certificate Department, 1500 11th Street, Sacramento, California 95814.
- In subsection 3, if your business name is anything other than your surname (i.e., last name), you must submit a "Fictitious Business Name Statement" with your application. This statement may be obtained from the local county clerk's office.
- In subsection 4, if your business is a partnership, you must submit a "Fictitious Business Name Statement" with your application. This statement may be obtained from the local county clerk's office.

G. Worker's Compensation Insurance. Each applicant who is an employer, as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. In this section, enter the name of the worker's compensation insurance carrier, the policy number, and the policy expiration date.

H. Application Fees. Check the appropriate boxes in this section of the application. Indicate the total fees enclosed with the application.

The following information and table will assist you in determining the appropriate application fee to submit.

Application Fee Schedule:

Year Submitting Application	License Expiration Year ¹ A - L	New Application Fee	Branch Location Fee
2001	2002	\$200.00	\$100.00
2002	2002	\$100.00	\$ 50.00
2003	2004	\$200.00	\$100.00

Year Submitting Application	License Expiration Year ² M - Z	New Application Fee	Branch Location Fee
2001	2001	\$100.00	\$ 50.00
2002	2003	\$200.00	\$100.00
2003	2003	\$100.00	\$ 50.00

¹ If your business name begins with A - L, the expiration date of the business license is on even-numbered years.

² If your business name begins with M - Z, the expiration date of the business license is on odd-numbered years.

- I. Read Before Signing.** Check the "Yes" box if you have had any administrative, civil or criminal action taken against you for violation of any State or federal laws or regulations relating to the application of pesticides that resulted in disciplinary actions or in which disciplinary action is pending. If you answer yes, explain the circumstances of the disciplinary action.
- J. Declaration/Signature Block.** Read the declaration; if you agree, sign and date the application. The owner or officer of the business must sign the declaration.

Mailing Instructions

Mail your application to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015. Include your check with your application, payable to the Cashier, Department of Pesticide Regulation. No coin or currency will be accepted.

PEST CONTROL DEALER LICENSE APPLICATION

PR-PML-041 (REV. 11/01)

1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828

(916) 445-4038

FAX - (916) 445-4033

Web site: <http://www.cdpr.ca.gov/>**A. Application Type.** Indicate the type of application by checking the appropriate box(es) below.

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> ADDING BRANCH LOCATION	<input type="checkbox"/> ADDRESS CHANGE	BUSINESS LICENSE # _____

B. Business (Main Location) (Please Print or Type)

BUSINESS NAME _____

EMAIL ADDRESS _____	TELEPHONE NUMBER () _____	FAX NUMBER () _____
BUSINESS MAILING ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____ (County) _____	(State) _____ (ZIP Code) _____
BUSINESS LOCATION ADDRESS (Number and Street) _____	(City) _____ (County) _____	(State) _____ (ZIP Code) _____
BUSINESS TYPE (Check only one box.)		
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> INDIVIDUAL
<input type="checkbox"/> NON-PROFIT ASSOCIATION	<input type="checkbox"/> OTHER (Please Specify) _____	

C. Former Business Name. Enter former business name below.

FORMER BUSINESS NAME _____

D. Business Officers or Owners (Attach additional sheet if necessary.)

1) NAME _____	TITLE _____
MAILING ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____ (State) _____ (ZIP Code) _____
2) NAME _____	TITLE _____
MAILING ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____ (State) _____ (ZIP Code) _____

E. Branch Locations (Attach additional sheet if necessary.)

1) LOCATION ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____ (County) _____	(State) _____ (ZIP Code) _____
2) LOCATION ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____ (County) _____	(State) _____ (ZIP Code) _____
3) LOCATION ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____ (County) _____	(State) _____ (ZIP Code) _____

F. Qualified Person. Each business location must have a qualified person. The qualified person(s) may be any individual(s) possessing a valid license or certification in the following: Pest Control Dealer Designated Agent License, Agricultural Pest Control Adviser License, Qualified Applicator License, or Pest Control Aircraft Certificate. The qualified person is responsible for the operations of the pest control dealer business. (Attach additional sheet if necessary.)

1) QUALIFIED PERSON'S NAME _____	TYPE OF LICENSE/PILOT CERTIFICATE _____	LICENSE/PILOT CERT. NUMBER _____	EXPIRATION DATE _____
BUSINESS LOCATION ADDRESS (Number and Street) _____	(City) _____	(State) _____	(ZIP Code) _____
2) QUALIFIED PERSON'S NAME _____	TYPE OF LICENSE/PILOT CERTIFICATE _____	LICENSE/PILOT CERT. NUMBER _____	EXPIRATION DATE _____
BUSINESS LOCATION ADDRESS (Number and Street) _____	(City) _____	(State) _____	(ZIP Code) _____

Application Continued on Reverse Side

Pest Control Dealer Business Type

Indicate what type of pest control methods/devices or pesticides your business will be selling by checking the appropriate x(es) below.

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Agricultural Use Pesticides Only | <input type="checkbox"/> Tributyltin | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Restricted Use Pesticides Only (Either California or Federal) | <input type="checkbox"/> Livestock/Poultry Pesticides | |
| <input type="checkbox"/> Both Agricultural Use and Restricted Use Pesticides | <input type="checkbox"/> Biological Control Agents | |

Is your business a corporation?

- ☐ YES (A current copy of the "Certificate of Good Standing" must be submitted with the application.) ☐ NO

Is your business name different than your surname (i.e., last name)?

- ☐ YES (A "Fictitious Business Name Statement" must be submitted with the application.) ☐ NO

Is your business a partnership?

- ☐ YES (A "Fictitious Business Name Statement" must be submitted with the application.) ☐ NO

Worker's Compensation Insurance. Each applicant who is an employer, as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. If your business has no employees, write "Not Applicable" below.

WORKER'S COMPENSATION INSURANCE CARRIER NAME	POLICY NUMBER	EXPIRATION DATE
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Application Fee. (Fees are non-refundable.)

- | | | | |
|--|--|----|--|
| <input type="checkbox"/> Main Location | <input type="checkbox"/> \$100.00 (One year fee) | or | <input type="checkbox"/> \$200.00 (Two year fee) |
| <input type="checkbox"/> Branch Location | <input type="checkbox"/> \$50.00 (One year fee) | or | <input type="checkbox"/> \$100.00 (Two year fee) |

Total Fee(s) Enclosed \$.00 Mail your Completed Application and Fees to the: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015. Include your check with your application, payable to the Cashier, Department of Pesticide Regulation. No coin or currency will be accepted.

Read Before Signing. During the last three years, have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the application or use of pesticides that resulted in disciplinary actions or in which any disciplinary action is pending?

- ☐ YES (State explanation below.) ☐ NO

I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.

APPLICANT SIGNATURE	TITLE	DATE SIGNED
FOR OFFICIAL USE ONLY	BUSINESS LICENSE NUMBER ISSUED	COMPUTER ENTRY DATE

LICENSE NO.

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION



1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
PEST CONTROL DEALER LICENSE

THIS LICENSE EXPIRES

= POST THIS LICENSE PROMINENTLY IN PUBLIC VIEW =
THIS LICENSE IS NOT TRANSFERABLE - ANY CHANGE IN OWNERSHIP REQUIRES A NEW LICENSE

Who Needs It?

- Pesticide retailers who sell agricultural use or dual use products to users [FAC section 11407(a)]
- Those who sell any method or device for the control of agricultural pests, such as biological control agents, lures, or insect trapping devices [FAC section 11407(b)]
- Those who solicit sales of pesticides by making agricultural use recommendations through field representatives or other agents [FAC section 11407(c)]
- Those who sell restricted materials to users [FAC section 11407(d)]

What's Required to Obtain the License?

- Each principal and branch location must have a person who is responsible for the operation of the dealership and holds a Designated Agent License, Agricultural Pest Control Adviser License, Pest Control Aircraft Pilot Certificate, or a Qualified Applicator License (3CCR section 6560)
- Fictitious Business Name Statement from the County Clerk's Office (FAC section 12103)
- Certificate of Good Standing for companies that are corporations - obtained for a fee from the Secretary of State (FAC section 12103)
- License fee of \$100.00 per year for the principal office and \$50.00 per year for each branch location (FAC section 12103)

Additional Requirements When Licensed!

The Licensee must:

- Retain at the principal place of business, records of purchases, sales, and distributions of pesticides including those of its branch locations for four years (FAC section 12115.3)
- Retain written recommendations for two years (3CCR section 6562)
- Retain permits for restricted materials for two years (3CCR section 6568)
- Retain statement of QAL/QAC number received from purchaser for two years (3CCR section 6568)
- Retain Operator Identification Number records for two years (3CCR section 6568)
- Retain Ground Water Protection Statement for two years (3CCR section 6570)
- Report quarterly, the assessable sales (FAC section 12115.3)
- Report annually, purchases from other than licensed pest control dealer or registrants

Indicate "California mill assessment was paid" or "California mill assessment of ___ mills (amount established by FAC) was paid" on all sales invoices.

References: Food and Agricultural Code Sections 11407, 11407.5, 12101 - 12123 and
Title 3, California Code of Regulations Section 6560 - 6574.

VISA / MASTERCARD TRANSACTION

DPR-ACC16-105 (REV. 5/01)

**INSTRUCTIONS:**

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038
4. Attach all necessary documents. Mail your completed application with this form, to:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)															CIRCLE ONE VISA MasterCard		TODAY'S DATE
BANK CARD NUMBER (16 DIGITS)																BANK CARD EXPIRATION DATE	TOTAL AMOUNT OF PAYMENT \$.
																	TELEPHONE NUMBER ()

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF REGISTRANT/LICENSEE

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

DEPARTMENT USE ONLY	ENTERED ON POS BY	TODAY'S DATE	DATE MAILED	BY

